PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. ees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818) Application Number 10/601,553 FEE TRANSMITTAL Filing Date June 24, 2003 For FY 2005 First Named Inventor TOHRU KOHDA ET AL. **Examiner Name** Peter B. Kim Applicant claims small entity status. See 37 C.F.R. 1.27 Art Unit 2851 Attorney Docket No. 03599.000064 TOTAL AMOUNT OF PAYMENT (\$) 0.00METHOD OF PAYMENT (check all that apply) Other (please identify): Money Order None Credit Card Check Х 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto Deposit Account Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 C.F.R. 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) Application Type Fee(\$) Fee(\$) Fee(\$) Fee (\$) Fee (\$) Utility 300 500 250 200 100 150 100 100 50 130 65 Design 200 160 80 Plant 200 100 300 150 300 150 500 250 600 300 Reissue 2. EXCESS CLAIM FEES **Small Entity** Fee(\$) Fee(\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 200 100 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 180 Multiple dependent claims 360 Fee Paid (\$) Multiple Dependent Claims **Total Claims Extra Claims** Fee (\$) - 20 or HP = Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee(\$) Fee Paid (\$) - 3 or HP = х HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Extra Sheets** Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) **Total Sheets** - 100 = / 50 = \_ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) \$130 fee (no small entity discount) Non-English Specification, Other:

SUBMITTED BY			
Signature	oflo 9. Dr	Registration No. (Attorney/Agent) 55,112	Telephone 202-530-1010
Name (Print/Type)	Michael J. Didas		Date: April 5, 2005





03599.000064.

## **PATENT APPLICATION**

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)
MOVED A SET AL	: Examiner: P. B. Kim
TOHRU KOHDA ET AL.	) : Group Art Unit: 2851
Application No.: 10/601,553	)
	: Confirmation No.: 7757
Filed: June 24, 2003	)
	: 
For: SCANNING EXPOSURE APPARATUS AND METHOD	) April 5, 2005
METHOD.	•

## Mail Stop Amendment

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT AND SUBMISSION OF REPLACEMENT DRAWING

Sir:

In response to the Office Action dated February 18, 2005, Applicants submit the following amendments and remarks.